

**Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.**

**Print your name and address on the reverse so that we can return the card to you.**

**Attach this card to the back of the mailpiece, or on the front if space permits.**

767 PASCADALE DRIVE

IO 60 CAC 8/12 # 23025245

1222 0594 E000 005E T702

Form 3811, February 2004

# Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

☒ Agent  
☐ Addressee

**Agent**

**□ Address**

**B. Received by (Printed Name)**

**Q Date of Delivery**

**D. Is delivery address different from Item 1? ☐ Yes**

**If YES, enter delivery address below:**

☐ Yes

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### 3. Service Type

☒ Certified Mail

Express Mail

Registered

☐ **Return Receipt for Merchandise**☐ Insured Mail

CO.D.

#### 4. Restricted Delivery? (Extra Fee)

☐ Yes



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Customer Service ›

Have questions? We're here to help.

Tracking Number: 70113500000346502221

Requested label is archived.

Restore Archived Details ›

## Product &amp; Tracking Information

## Available Options

## Postal Product:

## Features:

Certified Mail™

## DATE &amp; TIME

## STATUS OF ITEM

## LOCATION

September 6, 2012, 10:31  
am

Delivered

STANLEY, VA 22851

## Track Another Package

What's your tracking (or receipt) number?

Track It

## LEGAL

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